

APPLYING YOUR DIGITAL SIGNATURE TO THE LM-2, LM-3, AND LM-4 REPORT

March 2007

V1.0

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IMPORTANT INFORMATION BEFORE YOU BEGIN

The LM-2 Report requires a digital signature for electronic submission, using an Access Certificate for Electronic Services (ACES) digital certificate. The certificates can also be used with the LM-3 and LM-4 reports. IdenTrust, formerly Digital Signature Trust (DST), provides the easiest and most reliable way to obtain ACES Digital Certificates. If you are filing an LM Report, and have not purchased your signature or downloaded it from the IdenTrust website, <http://www.identrust.com/dol/index.html>, please do so before proceeding.

The U.S. Department of Labor's Office of Labor-Management Standards (OLMS) has formulated this guide, designed to take you step by step through the process of applying your digital signature to your LM Report and troubleshoot some common issues that may arise.

IMPORTANT INFORMATION BEFORE YOU BEGIN

TECHNICAL SUPPORT ISSUES

Issues	Contact
Certificates/Signatures <ul style="list-style-type: none">▪ Purchasing▪ Retrieving/Installing▪ Exporting/Importing▪ Passwords changes/problems	IdenTrust at 1-888-339-8904
Signature Disappears	Verify proper installation
Signed but not validated	You must validate your form before signing. See “Validate Form” and follow the steps.
Validation Failure for Signee <ol style="list-style-type: none">1. Certificate/Signature is not DST/ACES.2. Certificate has expired.3. Certificate has been revoked.	<ol style="list-style-type: none">1. Register on-line at www.IdenTrust.com2. Register on-line at www.IdenTrust.com3. Call IdenTrust at 1-888-339-8904

See page 27 for additional contact information.

LM FORM BEST PRACTICES

Some Important Facts to Know When Completing the LM Report.

OPENING THE LM REPORT

If your LM form is on a CD, flash drive or some other storage device, you should copy it to the C:/drive or the local drive assigned to your computer before opening it.

COLLABORATING ON THE LM FORM

Coordinate with all parties, (i.e. accountants, president, treasurer, administrative support, etc.) expected to take part in the completion of the LM Report, from downloading the form and entering data, to signing and submitting it.

SHARING THE LM FORM

It is recommended that each person use the same version of the Adobe Reader application when sharing the file. Users can share the file by saving it to a CD or flash drive to move from one PC to another.

DELETING PAGES

Use only the DELETE button on the page to be deleted.
If button is not found, leave the page and perform FILE+SAVE AS to extract unwanted objects and pages.

ADDITIONAL INFORMATION (ITEM 69)

Remove information message.
Enter your explanation.
Save by clicking TAB on Item Box 69.
Additional information or explanation required for any item will be added in this area separately and generated on the Additional Information page at the end of the report.

MESSAGES & ERRORS

Read Error Summary Page items and pop-up messages carefully for problems, information and directions.

SAVING THE LM FORM

Use FILE+SAVE periodically to save the data in your report. Save the report in a familiar folder on your local C:/Drive. (After downloading your LM Report, it is extremely important to keep an accurate account of the electronic report's location and file name at all times).

SIGNATURES & SIGNING

Purchase your Digital Signature immediately to allow ample time for receiving and installing. It generally takes 5-7 business days after a successful purchase to receive your signature kit.

After validating your report, you will be prompted to apply your signature to the designated signature fields, Items 70 & 71 on page 1 of the report, where red flags appear.

STEP 1:

VERIFY YOUR SIGNATURE INSTALLATION
(On the computer you will be signing from)

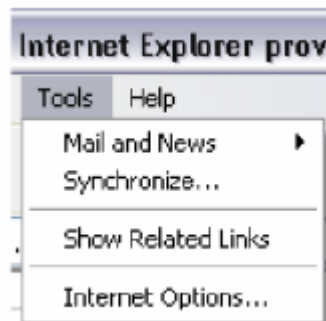
SIGNATURE INSTALLATION VERIFICATION

To Verify Your Signature Installation:

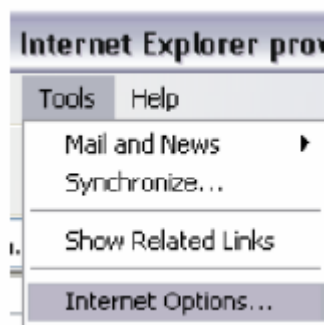
1. Open Internet Explorer.



2. Select TOOLS from the Menu Bar.



3. Select INTERNET OPTIONS.



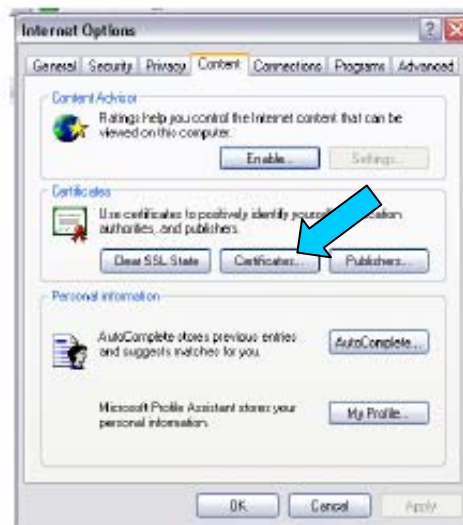
SIGNATURE INSTALLATION VERIFICATION

(Continued)

4. Select CONTENT tab.



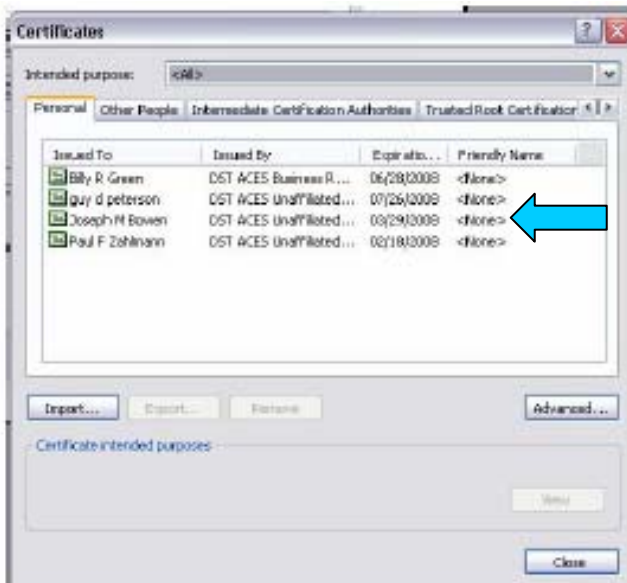
5. Select CERTIFICATES button.



SIGNATURE INSTALLATION VERIFICATION

(Continued)

6. Locate the item that contains your name and ACES as the Issuer of your Business or Affiliated Individual Certificate, as shown below.



SIGNATURE INSTALLATION VERIFICATION

(Continued)

7. **Locate the properties of your Digital ID in the chart below. Follow the condition for the “Name” and “Issuer” of your certificate(s) as it appears in your computer.**

NOTE: The only signature authorized for use on the LM Report is an authentic digital signature issued by DST/ACES ONLY (i.e. Acrobat Reader, SmartDraw etc. will not be accepted).

Name	Issuer	Condition
John Doe	DST/ACES Unaffiliated	ACCEPTABLE ON THE LM REPORT
John Doe	John Doe	NOT ACCEPTABLE ON THE LM REPORT

STEP 2:

**APPLY YOUR DIGITAL SIGNATURE TO YOUR
COMPLETED LM-2, LM-3, OR LM-4 REPORT**

APPLY YOUR DIGITAL SIGNATURE

VALIDATE YOUR LM REPORT

The validation process verifies that you entered information in required fields and ensures that the information you entered is what the form 'expected.' For Example: Validation checks that you have entered a number, not text, into an amount field. Such items must be corrected in order for your validation to be successful and the validation check passed before you can proceed.

After data entry is completed:

1. Click the **VALIDATE** button on the bottom of page 1.
Your hand cursor will turn into an hour-glass and calculator to process your data.

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, D.C. 20210		FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT		Form Approved Office of Management and Budget No. 1215-0168 Expires: 11-30-2008	
MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP					
This report is mandatory under P.L. 80-267, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 430 or 442.					
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.					
For Official Use Only		1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>	
E		067-219	MO DAY YEAR From 07/01/2005 Through 06/30/2006		
4. AFFILIATION OR ORGANIZATION NAME LABORERS AFL-CIO			5. MAILING ADDRESS (Type or print in capital letters)		
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION			6. MAILING ADDRESS (Type or print in capital letters)		
7. UNIT NAME (If any)			First Name JAMES		
			Last Name HANSEN		
9. Are your organization's records kept at its mailing address? (If "No," provide address in item 69.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			P.O. Box - Building and Room Number		
			Number and Street 1021 W. 23RD ST		
			City CHEYENNE		
			State WY		
			ZIP Code + 4 82001		
69. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)					
<div>Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)</div>					
70. SIGNED: _____		PRESIDENT (If other title, see instructions.)		71. SIGNED: _____	
Date _____		Telephone Number _____		Date _____	
Telephone Number _____				Treasurer (If other title, see instructions.)	
				Date _____	
				Telephone Number _____	
Form LM-2 (Revised 2003)		General Additional Information		VALIDATE	
				Submit	
				Additional Signatures	

APPLY YOUR DIGITAL SIGNATURE


Validating Your LM Report

VALIDATION CONFIRMATION

Once your form passes the validation, you will be prompted with a successful validation message.

1. Press OK to clear the message.

The image shows a screenshot of the 'FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT' from the U.S. Department of Labor, Employment Standards Administration. The form is partially filled out with data for 'PLUMBERS AFL-CIO'. A modal dialog box titled 'Adobe Acrobat' is overlaid on the form, displaying a message: 'This form has passed the validation check. Validations only check to make sure data has been entered properly in the form, but there could still be reporting errors in the form. Please review the LM-2 Instructions to make sure this form has been filled out according to the requirements. Please click on a signature field to sign.' A blue arrow points to the 'OK' button in the dialog box. The form includes sections for 'AFFILIATION OR ORGANIZATION NAME', 'MAILING ADDRESS', 'DESIGNATION', and 'SIGNATURE' fields for the President and Treasurer. The bottom of the form has a navigation bar with buttons: 'General Additional Information', 'Validate Form', 'Submit', and 'Additional Signatures'.


A **RED ARROW** () will appear above signature fields 70 (President) and 71 (Treasurer).

DID NOT VALIDATE?

See **VALIDATION ERRORS** on page 23.

APPLY YOUR DIGITAL SIGNATURE

SIGNATURE MARKS

Notice the **RED ARROW**  above both signature fields 70 (President) and 71 (Treasurer) that marks your readiness to apply your signature.

1. Click the **RED ARROW**  for the field where your signature will go.

U.S. Department of Labor
Employment Standards Administration
Office of Labor Management Standards
Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0186
Expires: 11-30-2008

MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 435 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only E	1. FILE NUMBER 019-085	2. PERIOD COVERED MO DAY YEAR From 07/01/2005 Through 06/30/2006	3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>
	4. AFFILIATION OR ORGANIZATION NAME PLUMBERS AFL-CIO		
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		6. DESIGNATION NUMBER 130	8. MAILING ADDRESS (Type or print in capital letters) First Name JAMES Last Name SULLIVAN P.O. Box - Building and Room Number Number and Street 1340 WEST WASHINGTON BLVD City CHICAGO State IL ZIP Code + 4 60607-1936
7. UNIT NAME (If any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in item 69.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
69. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)			
<p>Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury, that all of the information submitted in this report (including information contained in any accompanying documents) has been examined by the signatory, and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)</p> <p>70. SIGNED: _____ PRESIDENT (If other title, see instructions.) Date _____ Telephone Number _____</p> <p>71. SIGNED: _____ TREASURER (If other title, see instructions.) Date _____ Telephone Number _____</p>			
Form LM-2 (Revised 2003)			
General Additional Information		Validate Form	Submit
Additional Signatures			

TITLES: CAN be changed on the form by highlighting and typing over the existing text to the right of signature fields 70 and 71.

DATES: CANNOT be added manually, but will be added to the signature in an automated process that occurs during the submission.

TELEPHONE NUMBER: MUST be entered during the signing process.

APPLY YOUR DIGITAL SIGNATURE

SIGNATURE/REPORT CERTIFICATION MESSAGE

AN IMPORTANT NOTE:

Applying your ACES signature to the LM Report begins the certification process.

Select the “Continue Signing” button when prompted after you have performed the Signature Verification process found on page 20 to ensure your signature(s) is/are fully installed at this location.

The successful submission of the report to the Department of Labor completes the certification process, clears all symbols from the signature, and adds the date to both fields of the form. After you have read the message, confirm that you are ready to apply your signature.

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20213

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0186
Expires: 11-30-2008

MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only E	1. FILE NUMBER 019-085	2. PERIOD COVERED MO DAY YEAR From 07/01/2005 Through 06/30/2006	3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>
4. AFFILIATION OR ORGANIZATION NAME PLUMBERS AFL-CIO		5. MAILING ADDRESS (Type or print in capital letters) First Name JAMES Last Name SULLIVAN P.O. Box - Building and Room Number Number and Street 1340 WEST WASHINGTON BLVD City ZIP Code + 4 60607-1936	
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		6. DESIGNATION NUMBER 130	
7. UNIT NAME (if any)			
9. Are your organization's records provide address in item 69.)			
69. ADDITIONAL INFORMATION		Additional Information* button.)	

Document is Not Certified

You are about to apply the first Digital Signature to this document.

If you received this document from someone else, it could have been altered without the author's consent. Unless you receive this file from a trusted sender, you may not want to sign it.

If you created this document, you may want to apply a Certifying Signature instead of a regular Digital Signature. If unauthorized changes are made to a Certified document, the Certifying Signature will be invalidated.

[Continue Signing...](#) [Certify Document...](#) [Cancel](#)

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

TO: SIGNED: _____ PRESIDENT (If other title, see instructions.) T1: SIGNED: _____ TREASURER (If other title, see instructions.)
Date Telephone Number Date Telephone Number

Form LM-2 (Revised 2003)

General Additional Information	Validate Form	Submit	Additional Signatures
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2. Press CONTINUE SIGNING button.

APPLY YOUR DIGITAL SIGNATURE

SIGNATURE/ SELECTION

**The Digital Signature Selection Window appears.
Locate your ACES certificate that lists “DST/ACES Unaffiliated or
Business Representative....”**

- 1. Select to highlight your DST/ACES ID.**
- 2. Select OK.**

APPLY YOUR DIGITAL SIGNATURE

PASSWORD CONFIRMATION

You may be required to confirm your password to release the signature on the page.

1. Enter your PASSWORD (if prompted).
If you have forgotten your password, you MUST contact IdenTrust at 1-888-339-8904.
2. Select SIGN AND SAVE AS to continue.
This option helps to clean up the form and any objects including extra and unnecessary pages no longer needed by the file. It also checks the form for abnormalities and reduces the large file size.

The screenshot shows the 'FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT' from the U.S. Department of Labor. The form is partially filled out with 'PLUMBERS AFL-CIO' as the organization name and 'SULLIVAN' as the user name. A dialog box titled 'Apply Signature to Document' is overlaid on the form. The dialog box contains a 'Signature Details' section with a 'Signing as' field set to 'James Dean', a 'Confirm Password' field, and a 'Buttons for Signing Document' dropdown. A blue arrow points to the 'Sign and Save as...' button in the dialog box. Another blue arrow points to the 'Sign and Save' button at the bottom of the dialog box. The form background includes sections for '1. FILE NUMBER', '2. PERIOD COVERED', '3. (a) AMENDED', '4. AFFILIATION OR ORGANIZATION NAME', '5. DESIGNATION', '6. LOCAL UNION', '7. UNIT NAME', '8. Are your organization's records provide address in Item 69?', '69. ADDITIONAL INFORMATION', and a signature line at the bottom.

The SAVE AS window appears.

APPLY YOUR DIGITAL SIGNATURE

SAVE THE FORM

From the SAVE AS window,

Locate:

SAVE IN (top of window).

This is where your LM Report will be saved on your computer.

FILE NAME (bottom of window).

Make sure this is the name of the file you wish to use to save your LM Report.

The screenshot displays the 'Save As' dialog box for the 'FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT'. The dialog box is open, showing the file name 'James Dean Signature Test LMForm' and the file type 'Adobe PDF Files (*.pdf)'. The 'Save in' location is 'My Documents'. The background shows the report form with fields for 'FILE NUMBER', 'PROCESSED DATE', 'YEAR', and 'AMENDED', 'HARDSHIP', and 'TERMINAL' checkboxes. The form also includes a 'SIGNATURE' field and a 'ZIP CODE' field.

This is the file and location of your LM Report. Unless you change the name, it should be the same as the previous saved version, in this location.

1. Press SAVE to begin the save process.

APPLY YOUR DIGITAL SIGNATURE

SAVING & REPLACING THE FILE

2. Select YES to replace and save the file.

This process should take a few minutes depending on the size of your file.

U.S. Department of Labor
Employment Standards Administration
Office of Labor Management Standards
Washington, DC 20370

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
OMB 1215-0169
Expires 11-30-2006

MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTESHIP

This report is mandatory under P.L. 95-297, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 at 442.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only	1. FILE NUMBER	2. PERIOD COVERED MO DAY YEAR	3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>
<p>Save As</p> <p>Save to: Desktop</p> <p>My Documents My Computer My Network Places Access 2003 Manual Access Forms and Reports for Companies C:\Program\0008_x Financial_Hatfield James Dean Signature Text LMForm LM2 (142-900) LM2, 515-188 Microsoft Office Access 2 My Network Home Drive Shortcut (2) to Java Shortcut to Favorites SHORTCUT to UP-2</p> <p>File name: James Dean Signature Text LMForm.pdf Save as type: Adobe PDF Files (*.pdf)</p> <p>Yes No</p>			<p>4. LAST NAME: SULLIVAN</p> <p>5. AND ROOM NUMBER</p> <p>6. ADDRESS: WASHINGTON BLVD</p> <p>7. ZIP CODE: 20007-1436</p> <p>8. (For Additional Information, see instructions.)</p>
<p>Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report and/or the information contained in any accompanying document(s) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section 11 for penalties in the instructions.)</p> <p>10. SIGNED: _____ PRESIDENT (If other title, see instructions.) 71. SIGNED: _____ TREASURER (If other title, see instructions.)</p> <p>Date Telephone Number Date Telephone Number</p> <p>Form LM-2 (Revised 2002)</p> <p>General Additional Information Validate Form Submit Additional Signatures</p>			

APPLY YOUR DIGITAL SIGNATURE

PROTECTED KEY ITEM

Protective storage helps to safeguard data you want to keep private. This detail shows which program is attempting to access your protected area.

1. Select OK to approve the request.

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 12-50-108
Expires: 11-30-2008

MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 90-287, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Per Official Use Only	1. FILE NUMBER 541-134	2. PERIOD COVERED From: 07/01/2005 Through: 06/30/2006	3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>
4. AFFILIATION OR ORGANIZATION NAME CARPENTERS IND	5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION	6. MAILING ADDRESS (Type or print in capital letters) First Name: PATRICK Last Name: MORIN JR	7. UNIT NAME (If any)
9. Are your organization's records kept at provide address in item 6? <input type="checkbox"/>			ZIP Code + 4 10532
69. ADDITIONAL INFORMATION (Text e			

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

70. SIGNED: Paul F Zahimann PRESIDENT (If other title, see instructions.)
Date: _____ Telephone Number: _____

71. SIGNED: _____ TREASURER (If other title, see instructions.)
Date: _____ Telephone Number: _____

Form LM-2 (Revised 2002)

General Additional Information Validate Form Submit Additional Signatures

Signing data with your private exchange key

An application is requesting access to a Protected Item.

CyberAPI Private Key

OK Cancel Details...

SIGNATURE PLACEMENT

VERIFY YOUR SIGNATURE LOCATION

Verify that your signature is in the proper field on the report.

If your signature is in place, you are ready to apply the second signature to the report.






The following are situations that may apply to you.

IF YOU ARE:	HOW TO APPLY THE SIGNATURE:
Sharing One Computer	1. Since both signatures on the LM Report are installed on the same computer each officer can apply his/her signature.
On Separate Computers or Different Locations <i>The signatures reside on two different computers from where the LM Report is located.</i>	1. EMAIL Use email system capable of handling a large file to forward the LM Report between officers. 2. CD-ROM Place LM Report file on a writable CD and mail or deliver it to the officer at the other location. 3. FLASH DRIVE Place LM Report file on a flash drive to deliver to the officer at the other location. (Do not work on the file while on the network) 4. USE YOUR NETWORK

SIGNATURE PLACEMENT

MESSAGES, SYMBOLS & MEANINGS

The symbols and messages you might see on your signature will be Adobe Reader messages and may not apply to the signature itself. Your signature will be validated and verified in the submission process.

	Signature Ready Icon	Above the signature fields 70 and 71, it indicates the presence of the empty signature field.
	Checkmark Icon	Indicates the signature is valid.
	Warning Sign	Indicates the document has been modified after the signature was added. This does not necessarily signify a change to the document or else the signature would disappear.
	Question Mark	Indicates the signature could not be verified. This signature is still valid but cannot be verified until the report is submitted.
	Red “X”	Indicates this signature is not valid. Contact your digital signature vendor immediately.

APPLY THE 2ND SIGNATURE

You have successfully applied your digital signature to the LM Report and have saved it in the designated area on your computer's hard drive (local or C:/).

You are ready to have the 2nd officer apply his/her signature by repeating the steps from page 12 titled "Signature Marks."

If you have any questions related to the application of electronic signatures and error messages applied to the LM Report, please contact the LM Support Call Center at 866-401-1109 or the IdenTrust Help Desk toll-free at 1-888-339-8904.

PROBLEMS & ERRORS

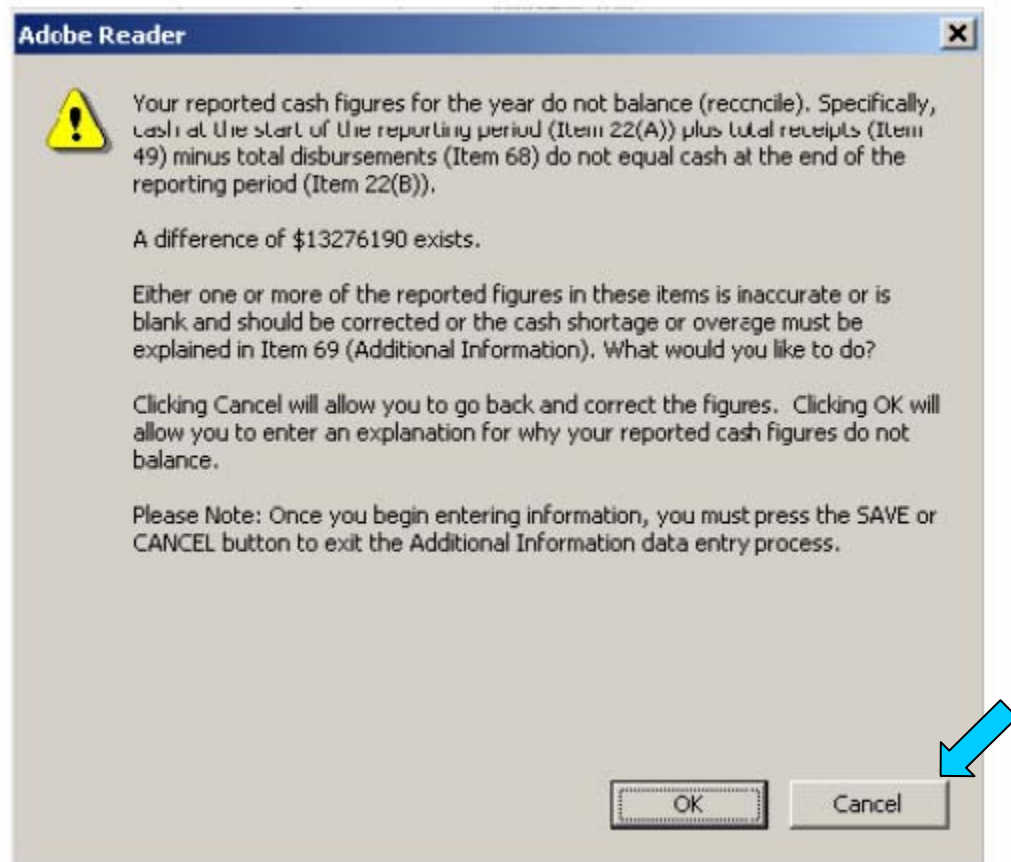
The following is a list of signature related problems, errors and resolutions that may assist you should you encounter any of them.

Problem	Explanation (if applicable)	Recommendation
You are unable to purchase certificate/signature due to lack of sufficient personal documentation.		Contact IdenTrust at 1-888-339-8904 to inquire about purchasing an ACES certificate using a purchase order.
You have not purchased the certificate yet.		An ACES certificate can be purchased through IdenTrust at: http://www.identrust.com/dol/index.html
Forgot passphrase and/or password.		Call IdenTrust Help Desk at 1-888-339-8904.
Validation Error		
Start/End of Year Cash Balance Discrepancy.	There is a problem with your Start and/or End figures.	See page 24
Error Summary Page (ESP).	Items in LM Report are problematic and must be corrected.	See page 25
Submission Error		
Validation failure for signee (Officer's Name).	Certificate is not certified with selected vendor, IdenTrust.	Purchase an ACES certificate by visiting http://www.identrust.com/dol/index.html
Form could not be submitted at this time because it has not been validated and signed properly.	Did not validate before signing. Signed in wrong areas, not using field 70 and 71 within the form.	Clear signature (right-click on signature + clear signature) and then left-click on Red Validation mark on fields 70 and 71.
Unacceptable because 2 signatures are required.	Your form has just 1 certified DST/ACES signature and requires a second signature.	Purchase an ACES certificate for the second officer by visiting http://www.identrust.com/dol/index.html

START/END OF YEAR CASH BALANCE

You will receive an error message if the cash at the **START** of the reporting period (Item 22/A), plus (+) total receipts (Item 49), minus (-) total disbursements (Item 68/B) does not equal cash at the **END** of the reporting period (Item 22(B)).

READ CAREFULLY.



1. Write a brief list of all specifics from this message for your notes or print the page detailing the error.
2. Select CANCEL to clear message.
3. Return to check the items identified in this message to reconcile the difference.

ERROR SUMMARY PAGE (ESP)

The Error Summary Page (ESP) is presented when:

1. You have entered a number, date or dollar amount incorrectly.
2. You have failed to answer a question with the proper identification and/or character type required in a field.
3. You have failed to provide the explanation needed for a particular item in the “Additional Information” section of the form, at Item 69.

READ CAREFULLY.

The screenshot shows a window titled "ERRORS SUMMARY PAGE" with a file number "093-004" in the top right corner. The main text area contains the following information:

Item 25(A) must be completed with a number or 0.
Unanswered items found in Additional Information. Please review all additional information and resolve any items beginning with the text: "AN EXPLANATION FOR THIS ITEM HAS NOT YET BEEN ENTERED".

Page 14, Schedule 10	Row 3	You must enter both a liability amount and a description of the liability.
Page 15, Schedule 11	Row 2	A valid row must contain the name of the officer, their title, status and their salary information.
Page 16, Schedule 12	Row 3	The percentage amounts for the employee shown in Column I do not total 100%.
Page 17, Schedule 13	Row 3	You must enter both the voting category and number.
Page 19, Schedule 14		You must include information in both the name and type fields of this itemization page.
Page 21, Schedule 15	Row 1	You must enter a purpose, date, and amount for this schedule row.

At the bottom left, it says "FORM UAC2 (PREVISED 2020)". At the bottom right, there is a "Close" button.

NOTE: When each item is completely satisfied and your validation is successful, you will be prompted with a Successful Validation message.

1. Press **CLOSE** at the bottom of ESP.

The ADDITIONAL INFORMATION SUMMARY will appear.

The Additional Information Summary lists additional information you provided on a specified item, in Item 69 of your form. This page may contain a message requesting you to add necessary explanation(s).

SUBMITTING THE LM REPORT TO OLMS

Once you have applied the digital signatures to your completed report, you may proceed with the electronic submission to OLMS through the Upload Form page.

By clicking the SUBMIT button on page 1 of the report, you are taken to the Upload Form page. Follow the instructions on this page to complete the electronic submission process and receive a receipt of your submission.

GETTING SUPPORT

**Department of Labor
Office of Labor-Management Standards (OLMS)
200 Constitution Avenue, NW, Room N-5609
Washington, DC 20210**

LM Support Call Center	Technical Support LM Reports	866-401-1109
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Public Disclosure Room	Previously Filed Reports/Copies	202-693-0125
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OLMS Website
<http://www.olms.dol.gov>

IdenTrust Website
<http://www.identrust.com/dol/index.html>